
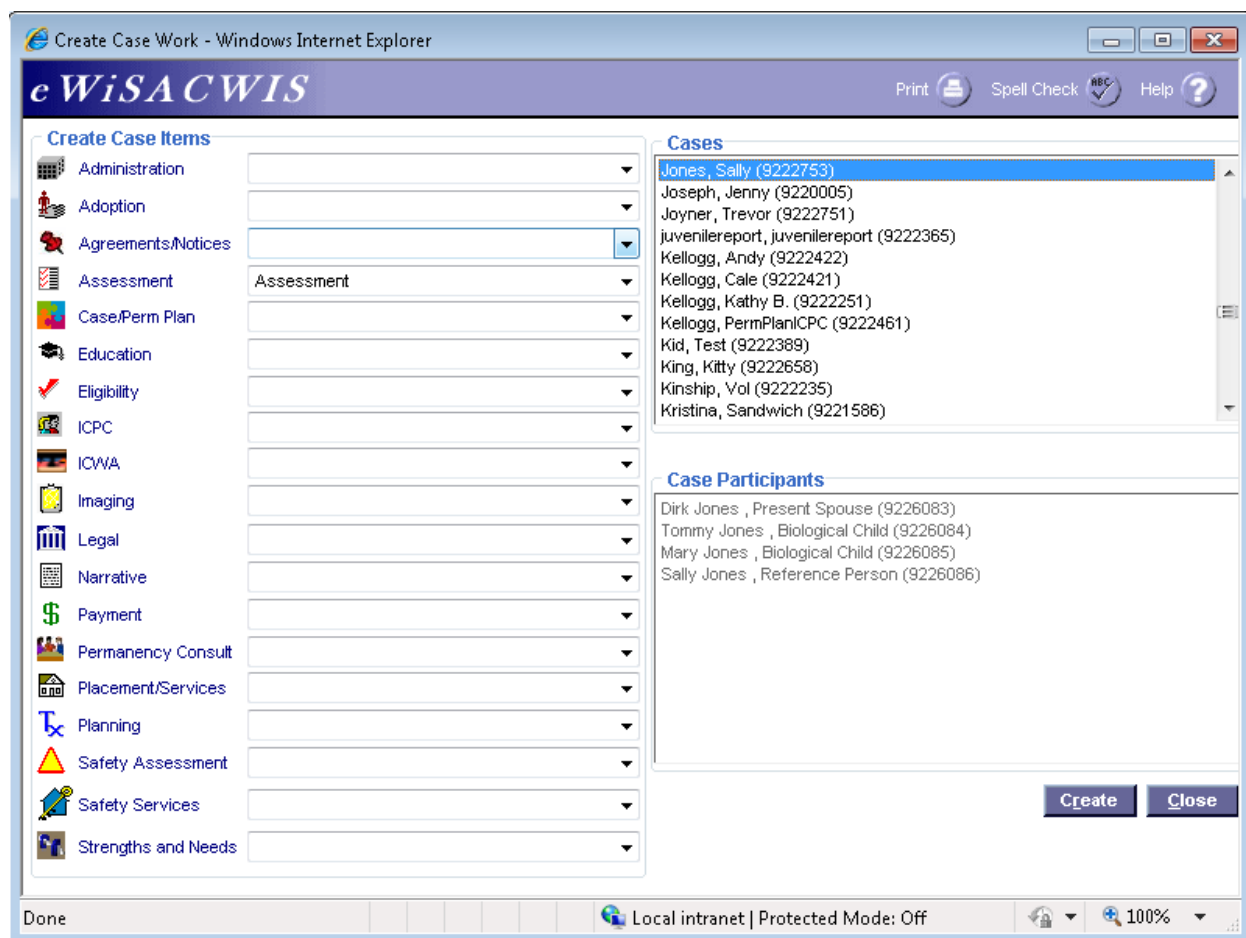


Initial Assessment – Narrative

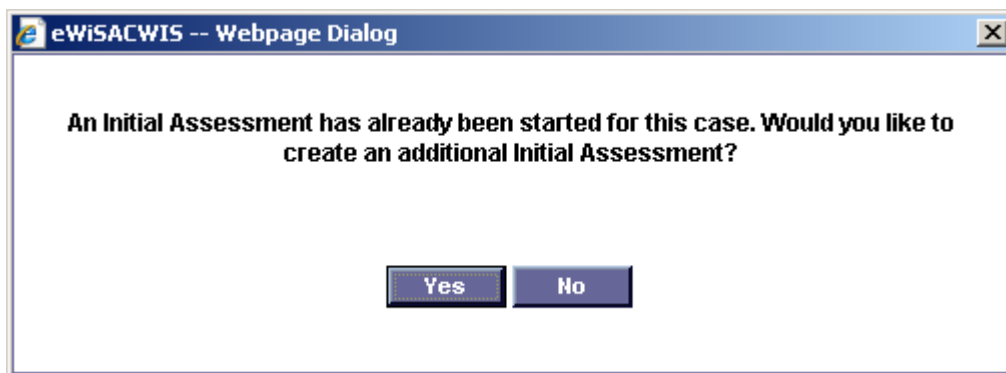
Note: In order to create an Initial Assessment – Narrative, an assignment to the case is needed.

1. From the desktop, click Create > Case Work or click the Case Work hot button . This will open the Create Case Work page.
2. On the Create Case Work page, select Assessment from the Assessment drop-down, and then select the family from the Cases group box. Click Create.



The screenshot shows the 'Create Case Work' web application running in a Windows Internet Explorer browser. The page has a purple header with the 'eWiSACWIS' logo and navigation links for Print, Spell Check, and Help. The main content area is divided into two columns. The left column, titled 'Create Case Items', contains a list of categories with corresponding icons and dropdown menus: Administration, Adoption, Agreements/Notices, Assessment (selected), Case/Perm Plan, Education, Eligibility, ICPC, ICWA, Imaging, Legal, Narrative, Payment, Permanency Consult, Placement/Services, Planning, Safety Assessment, Safety Services, and Strengths and Needs. The right column, titled 'Cases', contains a list of case names and IDs, with 'Jones, Sally (9222753)' selected. Below the 'Cases' list is a section titled 'Case Participants' containing a list of names and IDs: Dirk Jones, Present Spouse (9226083); Tommy Jones, Biological Child (9226084); Mary Jones, Biological Child (9226085); and Sally Jones, Reference Person (9226086). At the bottom right of the main content area are 'Create' and 'Close' buttons. The browser's status bar at the bottom shows 'Done', 'Local intranet | Protected Mode: Off', and a zoom level of '100%'.

3. If a pending assessment exists, you will receive the following message:



Clicking Yes will open the Assessment Report Link page. Clicking No will close the message and return you to your desktop.

4. If a pending assessment does not exist, the Assessment Report Link page will open. This page will show all screened-in CPS Reports that are available to be linked to an Assessment. Select the checkbox for the CPS Report(s) that will be linked to this Assessment. Click the Continue button.

Assessment Report Link -- Webpage Dialog

eWiSACWIS Print Spell Check Help

CPS Reports

	Report Name	Supervisor Screening Date	Date and Time Report was Received
<input type="checkbox"/>	Sally Jones	02/06/2012 13:01:00	02/03/2012 12:25:00

Continue Close

- The Assessment page opens to the Participants tab. Click the [Roles](#) hyperlink to add the role of Alleged Maltreater to the appropriate participants. At this time you may also add additional active case participants by choosing the Insert button. Select the [Create/View ICWA Record](#) hyperlink to complete the Child's ICWA record.

Assessment - Windows Internet Explorer

eWiSACWIS TM Print Spell Check Help

Assessment
 Name: Jones, Sally Assessment ID: 9222022 Status: Open **Report**
 Response Time: Same Day Date: 02/23/2011

Participants Basic Allegations Contacts Results

Assessment Participants

Name	Gender	DOB	Race	Roles	Edit Roles
Sally Jones	Female	04/11/1979	White	PR-RN	Roles
Tommy Jones	Male	06/02/2006	White	AV-HM	Roles
Mary Jones	Female	02/25/2002	White	AV-HM	Roles
Dirk Jones	Male	08/09/1975	White	HM	Roles

[Create/View ICWA Record](#) **Insert**

Options: **Go** **Save** **Close**

Done Local intranet | Protected Mode: Off 100%

Roles -- Webpage Dialog

eWiSACWIS Print Spell Check Help

Participant
 Name: Jones, Sally

Roles

Select	Roles Description	Code
<input checked="" type="checkbox"/>	Alleged Maltreater	AM
<input type="checkbox"/>	Alleged Victim	AV
<input type="checkbox"/>	Household Member	HM
<input type="checkbox"/>	Non-Household Member	NM
<input checked="" type="checkbox"/>	Parent/Parental Role	PR
<input checked="" type="checkbox"/>	Report Name	RN
<input type="checkbox"/>	Reporter	RP

Continue **Close**

6. Click on the Basic tab. Select the Living Arrangement of the Child(ren) value that is most applicable. Next, select up to three Family Characteristics/Conditions. The first drop-down is required. If there are no applicable characteristics or conditions, select 'None Observed.'

The screenshot shows the eWiSACWIS web application running in a Windows Internet Explorer browser. The browser window title is "Assessment - Windows Internet Explorer". The application has a purple header with the "eWiSACWIS" logo and navigation links: "Assessment" and "Report". Below the header, there is a status bar showing "Name: Jones, Sally", "Assessment ID: 9222036", "Status: Open", "Response Time: Within 5 business days", and "Date: 02/03/2012".

The main content area has a tabbed interface with tabs for "Participants", "Basic", "Allegations", "Contacts", and "Results". The "Basic" tab is currently selected. Under the "Basic" tab, there are three sections:

- Case Name Information:** This section contains fields for C/O, Street # (123), Street (Main Street), Apt., City (Waldo), State (WI), Zip (53093), Country (United States), Phone, Ext., Alt. Phone, Alt. Ext., Fax, and Language Preference (English).
- Living Arrangement of the Child(ren):** This section has a dropdown menu with the selected value "Married two parent household, with two biological/adoptive parents".
- Family Characteristics/Conditions:** This section has three dropdown menus. The first two are selected with "Other financial stress" and "Child with special needs". The third is empty.

At the bottom of the form, there is an "Options:" dropdown menu, a "Go" button, and "Save" and "Close" buttons. The browser's status bar at the bottom shows "Done", a green checkmark icon, and "Trusted sites | Protected Mode: Off".

7. The Allegations tab will pre-fill with the allegations documented on the CPS Report.

Assessment - Windows Internet Explorer

eWiSACWIS TM Print Spell Check Help

Assessment Name: Jones, Sally Assessment ID: 9222036 Status: Open **Report** Response Time: Within 5 business days Date: 02/03/2012

Participants Basic **Allegations** Contacts Results

Allegations

Report ID	Alleged Victim	A/N Code	Determination	Dt or Approx Dt of Alleged Mal	Resided in OHC	Medical	Fatality	
<input checked="" type="radio"/> 9238179	Mary Jones	Neglect Describe	Pending	02/01/2012	N		N	Edit
<input type="radio"/> 9238179	Tommy Jones	Neglect Describe	Pending	02/01/2012	Y		N	Edit

[Insert](#)

Maltreater(s)

Alleged Maltreater	Relationship to Victim	Determination
<input type="text"/>	Biological Parent(s)	Pending

[Insert](#)

☐ Independent Investigation County of Origination: ☐ Is the alleged victim(s) in Agency legal and/or physical custody

[Save](#) [Close](#)

Done Trusted sites | Protected Mode: Off 100%

- Complete the allegation(s) by selecting the [Edit](#) hyperlink, which will open the Allegation (Assessment) page. When completing an existing allegation that was entered on the Access Report page, enter a maltreatment determination, date of maltreatment, answer the medical treatment question, and if the allegation is a serious incident identify the type of serious incident. Select the maltreatment determination.
- Add any additional allegations using the 'Insert' button located in the lower-right corner of the Allegations group box, which will open the Allegation (Assessment) page (see the following steps to insert a new allegation).

8. For a new allegation, select an Alleged Victim from the drop-down. Select the type of abuse or neglect from the Abuse/Neglect Code drop-down.

Allegation (Assessment) -- Webpage Dialog

eWiSACWIS Print Spell Check Help

Allegation

Alleged Victim: Mary Jones

Abuse/Neglect Code: Emotional Damage/Abuse Neglect Physical Abuse Sexual Abuse Unborn Child Abuse

Determination: ☐ Yes ☐ No ☐ Unknown

Date or Approximate Date of Alleged Maltreatment: ☐ Yes ☐ No ☐ Unknown

Alleged Victim received medical treatment as a result of this alleged maltreatment: ☐ Yes ☐ No

Alleged Maltreatment occurred while the child's residence was an OHC placement: ☐ Yes ☐ No ☐ Unknown

Serious Incident: ☐ Yes ☐ No

☐ Death / Alleged maltreatment Details

☐ Death / Alleged suicide OHC

☐ Serious injury Details

☐ Egregious incident Details

[DCF memo 2010-01](#) [Act 78](#)

Save Close

9. Select the [Description](#) hyperlink. This will open the Description page. Select up to three values that apply and click Continue.

Description -- Webpage Dialog

eWiSACWIS Print Spell Check Help

Descriptions

Select	Description	Select	Description	Select	Description
<input type="checkbox"/>	Abandonment	<input type="checkbox"/>	Lack of Supervision	<input type="checkbox"/>	Sexually Transmitted Disease
<input type="checkbox"/>	Abusive Head Trauma	<input type="checkbox"/>	Malnutrition	<input type="checkbox"/>	Shaken Baby/Shaken Impact
<input type="checkbox"/>	Blunt Force Trauma	<input type="checkbox"/>	Manufacturing Meth	<input type="checkbox"/>	Subdural Hemorrhage/ Hematoma
<input type="checkbox"/>	Bruising	<input type="checkbox"/>	Medical Crisis-No Care b/c of Religion	<input type="checkbox"/>	Threatened Abuse/Neglect
<input type="checkbox"/>	Burn/Scald	<input type="checkbox"/>	Medical Neglect of a Disabled Infant	<input type="checkbox"/>	Traumatic Brain Injury
<input type="checkbox"/>	Cut/Laceration/Bite	<input type="checkbox"/>	Mutual Sexual Activity	<input type="checkbox"/>	Unable to Locate Children
<input type="checkbox"/>	Dislocation/Sprain/ Bone Fracture	<input type="checkbox"/>	No Indicators/Injuries Observed	<input type="checkbox"/>	Unborn Child Abuse
<input type="checkbox"/>	Drug Affected Infant	<input type="checkbox"/>	Other Indicator/Injury	<input type="checkbox"/>	Untreated Injury/Lack of Medical Care
<input type="checkbox"/>	Exposure to Elements or Environmental Hazards	<input type="checkbox"/>	Other Medical Neglect		
<input type="checkbox"/>	Exposure to genitals/pubec areas	<input type="checkbox"/>	Permanent Impairment		
<input type="checkbox"/>	Failure to Thrive	<input type="checkbox"/>	Pregnancy		
<input type="checkbox"/>	Forced Viewing of Sexual Activity	<input type="checkbox"/>	Prostitution		
<input type="checkbox"/>	Genital Area Bruising, Red/Swollen, Fissures/Tears	<input type="checkbox"/>	Retinal Hemorrhage		
<input type="checkbox"/>	Internal Injury	<input type="checkbox"/>	Serious Lack of Hygiene		
<input type="checkbox"/>	Lack of Care Due to Poverty	<input type="checkbox"/>	Severe Emotional/Behavioral Problems		
<input type="checkbox"/>	Lack of Necessary Care	<input type="checkbox"/>	Sexual Contact/Intercourse		
		<input type="checkbox"/>	Sexual Exploitation		

Continue Close

10. Enter the Date or Approximate Date of Alleged Maltreatment. Answer the question if the alleged maltreatment occurred while the child's residence was an out of home care placement.
11. Select whether the alleged maltreatment resulted in a serious incident. If 'Yes,' select the appropriate checkboxes related to the Serious Incident. You can click on the [DCF memo 2010-01](#) hyperlink to access the memo regarding Child Welfare Public Disclosure 2009 Wisconsin Act 78. To access the 2009 Wisconsin Act 78, select the [Act 78](#) hyperlink.
- Note:** If a death has occurred, see the section "Recording a Date of Death for a Child" of this guide.
12. Click Save and Close to return to the Assessment page.

Allegation (Assessment) -- Webpage Dialog

eWiSACWIS Print Spell Check Help

Allegation

Alleged Victim:

Abuse/Neglect Code:

[Description](#) Blunt Force Trauma

Determination:

Date or Approximate Date of Alleged Maltreatment:

Alleged Victim received medical treatment as a result of this alleged maltreatment: ☐ Yes ☒ No

Alleged Maltreatment occurred while the child's residence was an OHC placement: ☐ Yes ☒ No ☐ Unknown

Serious Incident: [Details](#) ☒ Yes ☐ No

☐ Death / Alleged maltreatment [Details](#)

☐ Death / Alleged suicide OHC

☒ Serious injury [Details](#)

☐ Egregious incident [Details](#)

[DCF memo 2010-01](#) [Act 78](#)

13. On the Allegations tab on the Assessment page, complete the Maltreater(s) group box.
 - Each allegation may have different maltreaters. Select the radio button next to the allegation to view the maltreater(s) for that allegation.
 - There must be at least one substantiated maltreater when the maltreatment has been substantiated.
 - If maltreatment is unsubstantiated, all maltreaters will default to unsubstantiated.
 - Only individuals that were given the role of Alleged Maltreater on the Participants tab will be available in the Alleged Maltreater drop-down.
 - Additional Maltreaters for an allegation are added using the Insert button in the Maltreater(s) group box. For example, when both parents are alleged maltreaters, only one maltreater row will exist from the access report. Insert an additional row for the second parent.

Assessment - Windows Internet Explorer

eWiSACWIS TM Print Spell Check Help

Assessment Name: Jones, Sally Assessment ID: 9222036 Status: Open **Report** Response Time: Within 5 business days Date: 02/03/2012

Participants Basic **Allegations** Contacts Results

Allegations

Report ID	Alleged Victim	A/N Code	Determination	Dt or Approx Dt of Alleged Mal	Resided in OHC	Medical	Fatality	
<input checked="" type="radio"/> 9238179	Mary Jones	Neglect Describe	Pending	02/01/2012	N		N	Edit
<input type="radio"/> 9238179	Tommy Jones	Neglect Describe	Pending	02/01/2012	Y	Y	N	Edit
<input type="radio"/> 9238179	Mary Jones	Physical Abuse Describe	Substantiated	02/06/2012	N	N	N	Edit Delete

[Insert](#)

Maltreater(s)

Alleged Maltreater	Relationship to Victim	Determination	
<input type="text"/>	Biological Parent(s)	Pending	

[Insert](#)

☐ Independent Investigation County of Origination: ☐ Is the alleged victim(s) in Agency legal and/or physical custody

[Save](#) [Close](#)

Done ☐ ☐ ☐ ☐ ☐ ☒ Trusted sites | Protected Mode: Off ☐ 100%

14. The Contacts tab is view only, displaying the linked Assessment Contacts. See the 'Assessment Contact' and 'Initial Face to Face Contact' Quick Reference Guides for more information.

Assessment - Windows Internet Explorer

eWiSACWIS TM Print Spell Check Help

Assessment Name: Jones, Sally Assessment ID: 9222036 Status: Open **Report** Response Time: Within 5 business days Date: 02/03/2012

Participants Basic Allegations **Contacts** Results

Contacts

Note ID	Name	Affiliation/Relationship	Title	Date	Contact Date/Time
9223452	Jones, Sally			02/06/2012	02/06/2012 01:00 PM
9223452	Jones, Tommy			02/06/2012	02/06/2012 01:00 PM

Save Close

Done Trusted sites | Protected Mode: Off 100%

15. The Results tab is mostly view only and pre-fills information from the Initial Assessment – Narrative and the Safety Assessment, Analysis and Plan when those are completed. Select the [Create Initial Face-to-face Contact Note](#) hyperlink. This will open the Case Notes page.

Assessment - Windows Internet Explorer

eWiSACWIS TM Print Spell Check Help

Assessment Name: Jones, Sally Assessment ID: 9222036 Status: Open **Report** Response Time: Within 5 business days Date: 02/03/2012

Participants Basic Allegations Contacts **Results**

Assessment Results
Result: **Substantiated**

Disposition

Family RA Future A/N
Abuse Score:
Neglect Score:
Risk Level:

Safety Assessment
Safety Decision: **Unsafe**

Strengths and Needs
Needs Level:

Initial Face-to-Face Contact Information
Initial Face-to-Face Must Occur By: 02/10/2012 12:25 PM [CPS Report 9238179](#) [Create Initial Face-to-Face Contact Note](#)
Initial Face-to-Face Documented:

Options: Go

Done ☐ ☐ ☐ ☐ ☐ ☒ Trusted sites | Protected Mode: Off 100%

Note: After the page is saved, the Initial Face-to-Face Contact Information automatically calculates when the Initial Face-to-Face Must Occur By.

The Category and Type will pre-fill as an Initial Assessment Contact with Type of Initial Face-to-Face. Complete the remainder of this page accordingly. Select Save and then Close. You will be taken back to the Results tab.

Case Notes -- Webpage Dialog

eWiSACWIS
Print
Spell Check
Help

Case: Jones, Sally (9222753)
Worker Creating Note: Cake, Caitlin M.
Worker Making Contact: Cake, Caitlin M.
[Search](#)

Case Note ID: 9223452
Date Entered: 02/06/2012 02:22 PM
☐ Note Finalized
☐ Contact By Designee

Note Information

Date: 02/06/2012
Category: Initial Assess Contact
☐ View Inactive Participants

Begin Time: 01:00 AM PM
Type: Initial Face-to-Face
Participants:

- Jones, Dirk (Present Spouse)
- Jones, Mary (Bio Child)
- Jones, Robert (Bio Child)
- Jones, Sally (Reference Person)
- Jones, Tammy (Bio Child)
- Jones, Tommy (Bio Child)

End Time: 00:00 AM PM
Type Detail:
Face-to-Face Location: Details Home Visit

Duration: 0000.0
Face-to-Face Result: Occurred

☐ Billable

Hold down the 'Ctrl' key for multi-selection
[Add Contacts](#)

Narrative

Case Note 1/1 [Details](#)

Enter narrative text here...

[More...](#) [Less...](#) [Default](#)

Options: [Go](#)
[Insert Correction Note](#)
[Clear Fields](#)
[Create](#)
[Save](#)
[Close](#)

When you return to the Assessment page, it displays when the initial face-to-face contact was documented. Inclusion of this functionality is to help ensure workers complete and document the initial face-to-face contact in a timely and accurate manner.

Assessment - Windows Internet Explorer

eWiSACWIS TM Print Spell Check Help

Assessment Name: Jones, Sally Assessment ID: 9222036 Status: Open **Report** Response Time: Within 5 business days Date: 02/03/2012

Participants Basic Allegations Contacts **Results**

Assessment Results
Result: **Substantiated**

Disposition

Family RA Future A/N
Abuse Score:
Neglect Score:
Risk Level:

Safety Assessment
Safety Decision: **Unsafe**

Strengths and Needs
Needs Level:

Initial Face-to-Face Contact Information
Initial Face-to-Face Must Occur By: 02/10/2012 12:25 PM [CPS Report 9238179](#) [Create Initial Face-to-Face Contact Note](#)
Initial Face-to-Face Documented: 02/06/2012 01:00 PM [Case Note ID 9223452](#)

Options: Go

Done ☐ ☐ ☐ ☐ ☐ ☒ Trusted sites | Protected Mode: Off

16. If allegations rise to the level of a serious incident, Wisconsin Act 78 requires county agencies and the Bureau of Milwaukee Child Welfare (BMCW) to report these incidents to the Division of Safety & Permanence (DSP) within 2 working days of the agency learning about the incident. To notify the DSP of a serious incident allegation, select Serious Incident Notification from the Options drop-down on the Results tab and complete the Serious Incident Notification page.

The Serious Incident Notification page is a combination of user-entered and pre-filled information. The Name – County or State Agency pre-fills with the county of the worker, but can be edited.

Enter the Name – Agency Contact Person, Title, and Phone for the agency contact.

Enter the Date of Incident.

The Case Name, Case ID, Date of Incident, Number of Children Involved in This Incident, Check all that apply, and Child Information will pre-fill from the Allegation (Assessment) page on the Allegations tab of the Assessment page.

If the Serious Injury checkbox is selected, answer the ‘For “Serious Injury,” did a physician confirm the child’s condition as serious or critical?’ question.

Select the appropriate checkbox in the ‘Check one to describe current case status at the time of the incident’ group box.

The screenshot shows a web browser window titled "Serious Incident Notification -- Webpage Dialog" with the eWiSACWIS logo. The form includes the following sections:

- Header:** Print, Spell Check, and Help icons.
- Form Fields:**
 - ☒ Send Serious Incident Notification to DCF
 - Date Sent: [empty]
 - Sent By: [empty]
- Information Section:**
 - Name - County or State Agency: Milwaukee
 - Name - Agency Contact Person: Mariah Smith
 - Title: Superintendent
 - Phone: (608)555-1212
 - Ext: [empty]
 - Case Name (Last, First, MI): Jones, Sally
 - Case ID: 9222753
 - Date of Incident: 02/23/2011
 - Number of Children Involved in This Incident: 1
- Check all that apply:**
 - ☐ Death / Alleged Maltreatment
 - ☐ Death / Alleged Suicide
 - ☒ Serious Injury
 - ☐ Egregious Incident
- For "Serious Injury," did a physician confirm the child's condition as serious or critical?:** ☐ Yes ☐ No
- Child Information Table:**

Name	Gender	DOB	Age	Race
Jones, Mary	Female	02/25/2002	9	White
- Check one to describe current case status at the time of the incident:**
 - ☐ Open CPS case - child in OHC placement (Type of out-of-home-care placement: [empty])
 - ☐ Open CPS case - receiving in-home services
 - ☐ Open case with agency - not CPS
 - ☒ An Access report on this child or family was received within the past 12 months
 - ☐ An Access report on this child or family was received more than 12 months prior to this incident
- Buttons:** Save, Close

The three narrative fields in the Narrative group box are also required. The 'Additional Information' narrative field is optional. Choose the 'Yes' or 'No' radio button to the statement, 'Child, family, or alleged maltreater is known to child welfare.'

Serious Incident Notification -- Webpage Dialog

eWiSACWIS Print Spell Check Help

☒ Send Serious Incident Notification to DCF Date Sent: Sent By:

Narrative

Description of incident including suspected cause of child's death, serious injury, or egregious incident.

Describe the alleged maltreatment...

[More...](#) [Less...](#) [Default](#)

Summarize actions taken by agency in response to this incident.

Enter required text here...

[More...](#) [Less...](#) [Default](#)

Referrals made by the county agency (list all agencies receiving referral).

Enter required text here...

[More...](#) [Less...](#) [Default](#)

Additional information (Optional).

Enter optional text here...

[More...](#) [Less...](#) [Default](#)

Child Welfare System History

Child, family, or alleged maltreater is known to child welfare. ☐ Yes ☐ No

Save Close

Once all fields have been completed, select the 'Send Serious Incident Notification to DCF' checkbox at the top and click 'Save' to automatically send the Serious Incident Notification to DSP. DSP will receive an email for the serious incident.

Serious Incident Notification -- Webpage Dialog

eWiSACWIS Print Spell Check Help

☒ Send Serious Incident Notification to DCF Date Sent: Sent By:

Information

Save Close

The Serious Incident Verification expando may be expanded at any time. The fields under this expando become enabled only after the 'Send Serious Incident Notification to DCF' checkbox has been checked. DSP will review the Serious Incident Notification and will document their findings in this area. Click Close to return to the Assessment page.

Note: See the section at the end of this guide for the 90-day Summary Report.

Serious Incident Notification -- Webpage Dialog

eWiSACWIS Print Spell Check Help

☒ Send Serious Incident Notification to DCF Date Sent: 02/06/2012 Sent By: Daisy, Dan

[More...](#) [Less...](#) [Default](#)

Referrals made by the county agency (list all agencies receiving referral).

Enter required text here ...

[More...](#) [Less...](#) [Default](#)

Additional information (Optional).

Enter optional text here ...

[More...](#) [Less...](#) [Default](#)

Child Welfare System History

Child, family, or alleged maltreater is known to child welfare. ☒ Yes ☐ No

Serious Incident Verification

Tracking Number: 4 Verified By: Daisy, Dan Verified Date: 02/06/2012

The DSP has reviewed this incident notification and finds that it does qualify as an incident of child death, serious injury, egregious incident or suspected suicide of a child in OHC placement under s. 48.981(7)(cr), Child Welfare Public Disclosure Act 78. No

Save Close

17. Return to the Basic tab. From the Options drop-down, select IA Narrative and click Go.

Assessment - Windows Internet Explorer

eWiSACWIS TM Print Spell Check Help

Assessment Name: Jones, Sally Assessment ID: 9222022 Status: Open **Report** Response Time: Same Day Date: 02/23/2011

Participants Basic Allegations Contacts Results

Case Name Information

C/O:
Street #: 123 Street:
Apt.:
City: Waldo State: WI Zip: 53093 Country: United States
Phone: Ext.: Alt. Phone: Alt. Ext.:
Fax:
Language Preference: English

Living Arrangement of the Child(ren)

Living Arrangement: Married two parent household with two biological/adoptive parents
Family Financial Stress: Financial stress
Family Special Needs: Child with special needs
Family Strengths and Needs: Strengths and Needs

Options: **IA Narrative** Go Save Close

Done Local intranet | Protected Mode: Off 100%

18. The following message will appear. Click 'Yes' to continue to the IA – Narrative or 'No' if you want to return to the Assessment page and not save.

eWiSACWIS -- Webpage Dialog

This will save the Assessment Information. Do you want to continue?

Yes No

19. The Initial Assessment - Narrative page will open to the Participants tab. This is where active child(ren) and adult(s) that are part of the assessment are added. Use the Add/Edit buttons in each group box to add the participants. The Add/Edit button opens the Case Participants/Collaterals page.

Initial Assessment-Narrative -- Webpage Dialog

Case Information

Case Name: Jones, Sally Case ID: 9222753 Referral Date: 02/03/2012 ☐ IAN Completed

Participants | Child Functioning | Adult Functioning | Family Functioning | Maltreatment | Summary

Child Information

Child Name	DOB
Jones, Tommy	06/02/2006
Jones, Mary	02/25/2002

Add/Edit

Parent Information

Parental Role Name	DOB
Jones, Dirk	08/09/1975
Jones, Sally	04/11/1979

Add/Edit

Save **Close**

20. Select the checkbox next to the participant(s) to be added to the assessment. Select Continue.

Case Participants/Collaterals -- Webpage Dialog

Case Participants - Children

Select	Person Name	DOB
<input type="checkbox"/>	Jones, Dirk	08/09/1975
<input checked="" type="checkbox"/>	Jones, Tommy	06/02/2006
<input checked="" type="checkbox"/>	Jones, Mary	02/25/2002
<input type="checkbox"/>	Jones, Sally	04/11/1979

Continue **Close**

21. On the Child Functioning tab, complete the required narrative for each child identified on the Participants tab.

The screenshot shows the 'Initial Assessment-Narrative -- Webpage Dialog' window for 'eWiSACWIS'. The 'Case Information' section at the top displays: Case Name: Jones, Sally; Case ID: 9222753; Referral Date: 02/03/2012; and a checkbox for 'IAN Completed' which is unchecked. Below this is a tabbed interface with 'Participants', 'Child Functioning', 'Adult Functioning', 'Family Functioning', 'Maltreatment', and 'Summary'. The 'Child Functioning' tab is active. It contains two rows of data. Row 1 of 2 is for 'Child Name: Jones, Tommy' with a text area for 'Description of child functioning...'. Row 2 of 2 is for 'Child Name: Jones, Mary' with a text area for 'Description of child functioning...'. At the bottom right of the form are 'Save' and 'Close' buttons.

22. On the Adult Functioning tab, complete the required narrative for each adult identified on the Participants tab.

The screenshot shows the same 'Initial Assessment-Narrative -- Webpage Dialog' window, but with the 'Adult Functioning' tab selected. The 'Case Information' section remains the same. The 'Adult Functioning' tab contains two rows of data. Row 1 of 2 is for 'Parental Role Name: Jones, Dirk' with a text area for 'Description of adult functioning...'. Row 2 of 2 is for 'Parental Role Name: Jones, Sally' with a text area for 'Description of adult functioning...'. At the bottom right of the form are 'Save' and 'Close' buttons.

23. Complete the required narrative text on the Family Functioning tab.

The screenshot shows a web application window titled "Initial Assessment-Narrative -- Webpage Dialog". The header bar is purple with the "eWiSACWIS" logo on the left and navigation icons (TM, Print, Spell Check, Help) on the right. Below the header, a "Case Information" section displays: Case Name: Jones, Sally; Case ID: 9222753; Referral Date: 02/03/2012; and a checkbox for "IAN Completed". A tabbed interface below shows six tabs: Participants, Child Functioning, Adult Functioning, Family Functioning (selected), Maltreatment, and Summary. The "Family Functioning" tab contains a heading "Family Functioning" and a sub-instruction: "Describe the family's general functioning, strengths and current stresses. Consider the family's cultural context." Below this is a large text area with the placeholder text "Description of family functioning...". At the bottom right of the tab area are "Save" and "Close" buttons.

24. Complete the narrative section on the Maltreatment tab.

This screenshot shows the same web application window as above, but with the "Maltreatment" tab selected. The "Case Information" section remains the same. The "Maltreatment" tab contains a heading "Describe the Maltreatment and Surrounding Circumstances" followed by detailed instructions: "Describe the maltreatment that occurred. Be specific about injuries and/or conditions. If the child(ren) received medical attention, describe the findings. Also, describe the surrounding circumstances accompanying or leading up to the maltreatment. **Note:** This narrative section should always include the parent's, facility's or other responsible adult's explanation of circumstances even if the finding is no maltreatment." Below the instructions is a large text area with the placeholder text "Description of maltreatment and surrounding circumstances...". "Save" and "Close" buttons are located at the bottom right of the tab area.

25. The Summary tab is the last tab of the Initial Assessment – Narrative page. Complete the Case Disposition group box. The Correspondence group box includes the Mandated Reporter and Relative Reporter group boxes. These text templates are available via the Options drop-down on the Assessment page. The Summary group box contains case closing and/or supervisor comments.
26. When the Initial Assessment – Narrative is complete, open the text template from the Options drop-down. Next, check the IAN Completed checkbox and click Save.

Initial Assessment-Narrative -- Webpage Dialog

eWiSACWIS TM Print Spell Check Help

Case Information

Case Name: Jones, Sally Case ID: 9222753 Referral Date: 02/03/2012 ☒ IAN Completed

Participants **Child Functioning** **Adult Functioning** **Family Functioning** **Maltreatment** **Summary**

Case Disposition

☐ Case Closed Reason Case Closed:

☒ Case Opened Reason Case Opened: Case Opened- Non-CPS Services

Correspondence

Mandated Reporter

☐ Not applicable

Date mandated reporter given feedback: 00/00/0000

Relative Reporter

☐ Not applicable

☐ Documented request for information received from relative reporter: 00/00/0000

☐ Date Letter Sent: 00/00/0000 OR Date of Court Order Barring Disclosure: 00/00/0000

Summary

Closing Summary/Supervisor Comments (Include any referrals to community resources that were made):

Options: Go

Text
IA Narrative
Actions
Safety Assessment, Analysis and Plan

Save Close

27. Under Options, select Safety Assessment, Analysis and Plan and click Go. You will receive the following message. Click 'Yes' to save the Assessment and continue to the Safety Assessment, Analysis and Plan. Click 'No' to return to the Initial Assessment – Narrative page.

eWiSACWIS -- Webpage Dialog

This will save the IA Narrative. Do you want to continue?

Yes No

28. On the Safety Assessment, Analysis and Plan page, select Initial Assessment Narrative from the Type drop-down. The Part. tab will pre-fill with the same participants identified on the Participants tab of the Initial Assessment – Narrative. Select Add/Edit if changes need to be made regarding the identified participants.

Safety Assessment, Analysis and Plan - Windows Internet Explorer

eWiSACWIS TM Print Spell Check Help

General

Name: Sally Jones Worker: Caitlin M. Cake Approval Date: Type: Initial Assessment Narrative ☐ Completed

Part. Info Safety Assessment Description of Safety Threats Plan Analysis

Child Information

Child Name	DOB
Jones, Tommy	06/02/2006
Jones, Mary	02/25/2002

Add/Edit

Parent/Caregiver Information

Parent/Caregiver Name	DOB
Jones, Dirk	08/09/1975
Jones, Sally	04/11/1979

Add/Edit

Options: Go Save Close

Done Trusted sites Protected Mode: Off 100%

29. The Safety Assessment tab contains 11 Safety Threats. Answer the questions and scroll down to the Safety Assessment and Conclusion group box. Enter the Date of Safety Assessment. The BMCW Safety Services group box does not apply.
- If all safety questions are answered 'No,' enter the date of the safety assessment, open the Safety Assessment template from the Options drop-down, check the Completed box in the upper right-hand corner and click Save and Close to return to the Initial Assessment – Narrative.
 - If any safety threat question is answered yes, proceed to the next step.

The screenshot displays the eWiSACWIS web application in a Windows Internet Explorer browser window. The title bar reads "Safety Assessment, Analysis and Plan - Windows Internet Explorer". The application header features the "eWiSACWIS" logo and navigation links for "TM", "Print", "Spell Check", and "Help".

The main content area is divided into sections:

- General:** Includes fields for "Name: Sally Jones", "Worker: Caitlin M. Cake", "Approval Date:", and "Type: Initial Assessment". A "Completed" checkbox is present.
- Safety Assessment:** Contains four questions with radio button responses:
 - One or both parents/caregivers lack parenting knowledge, skills, or motivation necessary to assure the child's basic needs are met. [Details](#) (Yes selected, No unselected)
 - The child has exceptional needs which the parents/caregivers cannot or will not meet. [Details](#) (Yes unselected, No selected)
 - Living arrangements seriously endanger the child's physical health. [Details](#) (Yes unselected, No selected)
 - The child is profoundly fearful of the home situation or people within the home. [Details](#) (Yes selected, No unselected)
- Safety Assessment and Conclusion:** Includes a statement "One or more factors that negatively affect safety are identified:" (Yes selected, No unselected), a "Date of Safety Assessment:" field with the value "02/06/2012", and instructions for "No" and "Yes" answers. The "Final Safety Decision:" is set to "Unsafe".
- BMCW Safety Services:** Includes a "Safety Case Closure" checkbox.

At the bottom, there is an "Options:" dropdown menu, a "Go" button, and "Save" and "Close" buttons. The browser status bar at the very bottom shows "Done", "Trusted sites | Protected Mode: Off", and a zoom level of "100%".

30. The Description of Safety Threats tab displays the Safety Threats selected on the Safety Assessment tab, with required narrative text to describe each identified safety threat. The Services Available/Accessible group box questions are view only on this tab.

Safety Assessment, Analysis and Plan - Windows Internet Explorer

eWiSACWIS TM Print Spell Check Help

General
Name: Sally Jones Worker: Caitlin M. Cake Approval Date: Type: Initial Assessment ☐ Completed

Part: Info Safety Assessment **Description of Safety Threats** Plan Analysis

Safety Threats
Specifically describe the family conditions that support the safety threats identified. If any evaluations such as Psychological, Medical/AODA evaluations are needed to understand the conditions that affect safety, describe those here.

One or both parents/caregivers lack parenting knowledge, skills, or motivation necessary to assure the child's basic needs are met. Description: describe threat here...	Row 1 of 2
The child is profoundly fearful of the home situation or people within the home. Description: describe threat here...	Row 2 of 2

Services Available/Accessible
All Needed Services/activities provided. ☐ Yes ☐ No
All Needed Services/activities/providers are available at level/time required. ☐ Yes ☐ No

Options:

Done ☒ Trusted sites | Protected Mode: Off 100%

31. The Plan Analysis tab contains several questions. How you answer 'Can and will the non-maltreating parent or another adult in the home protect the child(ren)?' will affect how the rest of this tab works. If you answer 'Yes,' the corresponding narrative becomes required and the Analysis questions are disabled. If you answer 'No' or 'N/A,' the narrative is disabled and the Analysis questions are enabled and required.

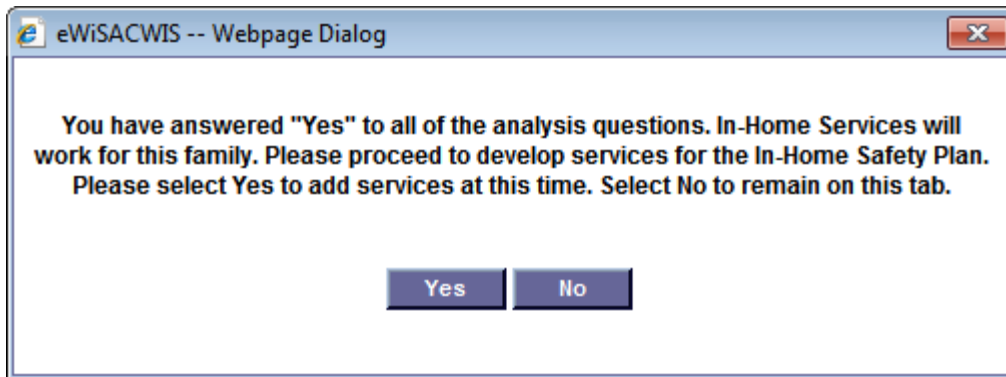
The screenshot displays the eWiSACWIS web application in a Windows Internet Explorer browser window. The title bar reads "Safety Assessment, Analysis and Plan - Windows Internet Explorer". The application header features the "eWiSACWIS" logo and navigation links for "TM", "Print", "Spell Check", and "Help".

The main content area is divided into tabs: "Part. Info", "Safety Assessment", "Description of Safety Threats", and "Plan Analysis". The "Plan Analysis" tab is currently selected. Within this tab, there are two sections:

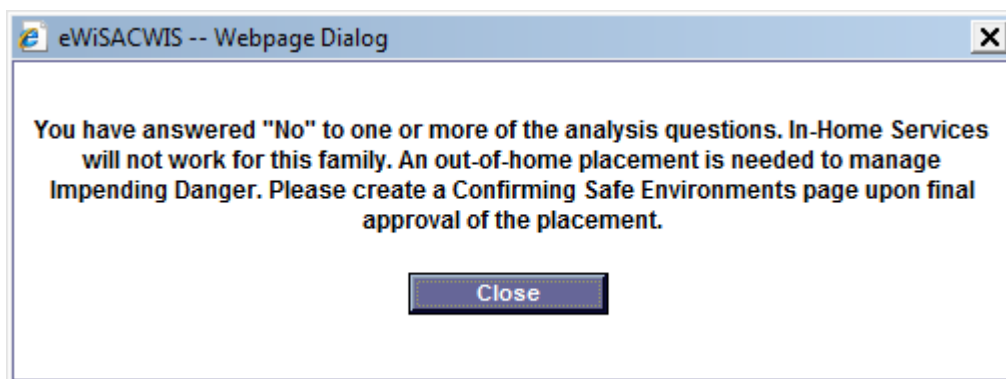
- Parent / Caregiver Protective Capacity:** This section contains the question "Can and will the non-maltreating parent or another adult in the home protect the child(ren)?" with radio button options for "Yes", "No", and "N/A". Below the question is a text area for a narrative response, with instructions stating that a "Yes" answer requires a description of protective capacities, while a "No" or "N/A" answer allows the user to continue with analysis and planning.
- Analysis:** This section contains five questions, each with "Yes" and "No" radio button options:
 - "An In Home Safety Plan is necessary to ensure safety of the child(ren) and control threats which would otherwise result in imminent risk of placement."
 - "The parents/caregivers are willing for services to be provided and will cooperate with service providers."
 - "The home environment is calm enough for services to be provided and for the service providers to be in the home safely."
 - "Safety Services that control all of the conditions affecting safety can be put in place without the results of any scheduled evaluations."
 - "Parents/Caregivers are residing in the home."

At the bottom of the form, there is an "Options:" dropdown menu, a "Go" button, and "Save" and "Close" buttons. The browser's status bar at the very bottom shows "Done", a green checkmark icon, and the text "Trusted sites | Protected Mode: Off", along with a zoom level of "100%".

32. If all of the Analysis questions are answered 'Yes' you will receive the following message. Selecting 'Yes' will take you to the Description of Safety Threats tab to enter the In-Home Services that will be implemented to ensure safety of the child(ren) in the home. Selecting 'No' returns you to the Plan Analysis tab.



33. If one or more of the Analysis questions are answered 'No' the following message will appear directing you to complete a Confirming Safe Environments:



34. If in-home services may work for this family, enter the services that will be implemented by clicking the [Add/Edit Services](#) hyperlink on the Description of Safety Threats tab.

The screenshot shows the eWiSACWIS web application in a Windows Internet Explorer browser. The page title is "Safety Assessment, Analysis and Plan - Windows Internet Explorer". The application header includes the eWiSACWIS logo and navigation links: TM, Print, Spell Check, and Help. The "General" section at the top contains fields for Name (Sally Jones), Worker (Caitlin M. Cake), Approval Date, Type (Initial Assessment), and a Completed checkbox. Below this is a tabbed interface with four tabs: Part Info, Safety Assessment, Description of Safety Threats (selected), and Plan Analysis. The "Description of Safety Threats" tab contains a section titled "Safety Threats" with a descriptive text and a table with two rows. Row 1 of 2 describes a threat where parents/caregivers lack parenting knowledge, skills, or motivation, with a text area for description and an "Add/Edit Services" link. Row 2 of 2 describes a threat where the child is profoundly fearful of the home situation, also with a text area for description. Below the table is a section titled "Services Available/Accessible" with two radio button options: "All Needed Services/activities provided." and "All Needed Services/activities/providers are available at level/time required.", each with "Yes" and "No" radio buttons. At the bottom of the form are "Options:" and "Go" buttons, and "Save" and "Close" buttons. The browser status bar at the bottom shows "Done", "Trusted sites", "Protected Mode: Off", and "100%".

35. Clicking the Add/Edit Services link will launch a message. Click 'Yes' to save and continue or 'No' to return to the Safety Assessment, Analysis and Plan page without saving.

The screenshot shows a "Webpage Dialog" box titled "eWiSACWIS -- Webpage Dialog". The message inside the dialog reads: "This will save the Safety Assessment, Analysis and Plan page. Do you want to continue?". At the bottom of the dialog are two buttons: "Yes" and "No".

36. The Safety Plan Services page will open, displaying the identified safety factor, the description why that factor was selected, and an empty Safety Services group box. Click the Insert button to insert a service. Select the appropriate Service/Activity that is being implemented to address the safety factor, enter the name of the provider or responsible person providing the service, any additional information about the service being provided, and answer the two questions about the service and provider being available. Click the Insert button again to add as many services being established to address this safety factor. When all services are entered, select Save and then Close.

Safety Plan Services -- Webpage Dialog

eWiSACWIS Print Spell Check ABC Help

Identified Safety Factor and Description
One or both parents/caregivers lack parenting knowledge, skills, or motivation necessary to assure the child's basic needs are met.
Description:
describe threat here...

Safety Services

Service/Activity:	Basic Home Management/Life Skills	Delete
Provider/Resp. Person:	person/responsible person...	Row 1 of 1
Describe the availability, accessibility and suitability of the safety service provider involved.	explanation...	
Specifically explain the safety services/activity and how it will control the threat identified.	explanation...	

This needed service/activity exists. ☒ Yes ☐ No

Service/activity/provider is currently available at level/time required. ☒ Yes ☐ No

Insert

Save Close

37. The Service/Activity and Provider/Responsible Person displays on the Description of Safety Threats tab. The Services Available/Accessible questions now have answers pre-filled. If both of the Services Available/Accessible questions are answered 'Yes', then document narrative for 'Describe how CPS will manage/oversee the safety plan, including communication with the family and providers.'

Safety Assessment, Analysis and Plan - Windows Internet Explorer

eWiSACWIS TM Print Spell Check Help

General

Name: Sally Jones Worker: Caitlin M. Cake Approval Date: Type: Initial Assessment ☐ Completed

Part. Info **Safety Assessment** **Description of Safety Threats** **Plan Analysis**

Description:
describe threat here...

[Add/Edit Services](#)

Service/Activity	Provider/Responsible Person
Basic Home Management/Life Skills	person/responsible person...

The child is profoundly fearful of the home situation or people within the home. Row 2 of 2

Description:

Services Available/Accessible

All Needed Services/activities provided. ☒ Yes ☐ No

All Needed Services/activities/providers are available at level/time required. ☒ Yes ☐ No

Describe how CPS will manage/oversee the safety plan, including communication with the family and providers.

Options:

Done ☒ Trusted sites | Protected Mode: Off

38. Open the two templates associated with the Safety Assessment, Analysis and Plan page: the Safety Assessment and the Safety Analysis and Plan.

39. Select the Completed checkbox and save the page to complete the Safety Assessment, Analysis and Plan.
40. You are returned to your desktop. Click on the pending Assessment to continue working.

[Jones, Sally \(9222753 \)](#) [Actions](#)

CPS Family - Initial Assessment 02/06/2012 Daisy, Dan Milwaukee-Region 2 123 Main Street , Waldo, WI 53093

Access Reports

Assessment

[Assessment Substantiated 02/06/2012](#)

[Initial Assessment-Narrative 02/06/2012](#)

[Safety Assessment, Analysis and Plan \(IAN\) Unsafe 02/06/2012](#)

Assets and Income

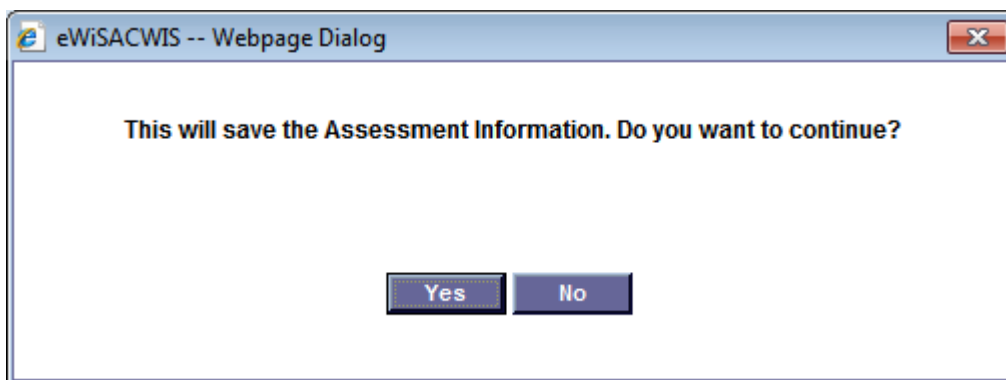
Assignment

Related People

41. The next section of the assessment is the Family Risk Assessment of Future Abuse and Neglect. On the Basic tab of the Assessment page, select 'Family RA Future A/N' from the Options drop-down and click Go.

The screenshot shows the eWiSACWIS web application in a Windows Internet Explorer browser window. The page title is "Assessment - Windows Internet Explorer". The application header includes the eWiSACWIS logo and navigation links: TM, Print, Spell Check, and Help. The main content area is divided into two tabs: "Assessment" and "Report". Under the "Assessment" tab, the "Basic" sub-tab is selected. The "Basic" sub-tab contains several sections: "Case Name Information" with fields for C/O, Street #, Street, Apt., City, State, Zip, Country, Phone, Ext., Alt. Phone, Alt. Ext., Fax, and Language Preference; "Living Arrangement of the Child(ren)" with a dropdown menu; and "Family Characteristics/Conditions" with three dropdown menus. The "Options" section at the bottom left shows a dropdown menu with "Family RA Future A/N" selected, and a "Go" button next to it. The "Save" and "Close" buttons are visible on the right side of the "Options" section. The status bar at the bottom indicates "Trusted sites | Protected Mode: Off" and "100%".

The following message will appear. Click 'Yes' to save and continue to the Family Risk Assessment of Future Abuse and Neglect or click 'No' to return to the Assessment.



42. Answer the questions on the Neglect tab. Click 'Calculate' to display the risk score.

Family Risk Assessment of Future Abuse-Neglect -- Webpage Dialog

eWiSACWIS TM Print Spell Check Help

General

Name: Sally Jones Worker: Caitlin M. Cake
Case Id: 9222753 Approval Date:

Neglect Abuse Results

Basic

Neglect Score: -1 Level: Medium

Questions

1. Was neglect alleged or substantiated in the current assessment? No
2. Prior neglect history No Prior Substantiations of neglect
3. Caregiver(s) viewed current CA/N incident at least as seriously as the investigating worker Yes-both caregivers
4. Current age of primary family caregiver 24-32
5. A child was inadequately supervised by either caregiver No
6. Primary family caregiver has an alcohol or drug abuse problem that contributed to the incident No
7. Primary family caregiver motivated to improve parenting skills Yes
8. Number of children involved in the CA/N incident One or Two
9. Age of youngest child in household Five or Younger

Calculate

Save Close

43. Answer the questions on the Abuse tab. Click 'Calculate' to display the risk score.

Family Risk Assessment of Future Abuse-Neglect -- Webpage Dialog

eWiSACWIS TM Print Spell Check Help

General

Name: Sally Jones Worker: Caitlin M. Cake
Case Id: 9222753 Approval Date:

Neglect Abuse Results

Basic

Abuse Score: 4 Level: High

Questions

1. Was abuse alleged or substantiated in the current investigation?	Yes
2. Prior CA/N history	Any prior child welfare CA/N referral
3. Does caregiver(s) use excessive or inappropriate discipline?	Yes-Secondary Family Caregiver only
4. Does the primary family caregiver have a history of abuse or neglect as a child?	No
5. Primary family caregiver's relationship problems with other adults	No serious problem evident
6. Domestic violence in household	Yes
7. Caregiver(s) is motivated to improve parenting skills	One or both caregivers are motivated
8. Age of youngest child in household	11 or Younger

Calculate

Save Close

44. The Results tab displays the overall Risk Level. A discretionary override is available to change the risk level if necessary. From the Options drop-down, select the Family RA of Future A/N to open the text template. Click Save and Close to return to the Assessment.

Family Risk Assessment of Future Abuse-Neglect -- Webpage Dialog

eWiSACWIS TM Print Spell Check ABC Help ?

General

Name: Sally Jones Worker: Caitlin M. Cake
Case Id: 9222753 Approval Date:

Neglect Abuse Results

Risk Level

Neglect Score	Abuse Score	Risk Level
-1	4	High

Overrides

☐ Discretionary Override

Enter Appropriate Reason:

Override risk level:

Options: Go

Text
Family RA of Future A/N

Save Close

45. To complete the Strengths and Needs Assessment, select Strengths and Needs from the Options drop-down on the Basic tab of the Assessment page and click Go.

Assessment - Windows Internet Explorer

eWiSACWIS TM Print Spell Check Help

Assessment Name: Jones, Sally Assessment ID: 9222036 Status: Open **Report** Response Time: Within 5 business days Date: 02/03/2012

Participants Basic Allegations Contacts Results

Case Name Information

C/O:

Street #: 123 Street: Main Street Apt.:

City: Waldo State: WI Zip: 53093 Country: United States

Phone: Ext.: Alt. Phone: Alt. Ext.:

Fax:

Language Preference: English

Living Arrangement of the Child(ren)

Living Arrangement of the Child(ren): Married two parent household, with two biological/adoptive parents

Family Characteristics/Conditions

Family Characteristics/Conditions: Other financial stress

Family Characteristics/Conditions: Child with special needs

Family Characteristics/Conditions:

Options: Go Save Close

Assessment
Clinical
IA Primary
IA Secondary or Non Caregivers
Actuarial
IA Narrative
Family RA Future A/N
Strengths and Needs
Actions
Extension

Done

Trusted sites | Protected Mode: Off 100%

The following message will appear. Click 'Yes' to save and continue to the Family Strengths and Needs Assessment or click 'No' to return to the Assessment.

eWiSACWIS -- Webpage Dialog

This will save the Assessment Information. Do you want to continue?

Yes No

46. On the Questions tab, answer the questions and click the Calculate button to display the score and level.

The screenshot shows the 'Questions' tab of the eWiSACWIS assessment tool. At the top, the 'General' section displays the client's name as Sally Jones, the worker as Caitlin M. Cake, and the date as 02/06/2012. Below this, the 'Questions' section is active, showing a list of 11 questions with corresponding dropdown menus for answers. The questions cover areas such as Substance Abuse, Emotional Stability, Family Violence, Intellectual Ability, Health, Caregiver Victimization, Parenting Skills, Environmental factors, Support Systems, Financial status, and Education/Literacy. To the right of the questions, a 'Basic' summary box shows a 'Score: 13' and a 'Level: Medium'. At the bottom of the form, there are 'Options' and 'Go' buttons, and 'Save' and 'Close' buttons.

47. On the Results tab, complete the Primary Needs, Primary Strengths, and Problem Areas. If the Needs Level is different from the level calculated, enter information into the Discretionary Override group box.

The screenshot shows the 'Results' tab of the eWiSACWIS assessment tool. The 'General' section at the top remains the same. The 'Results' section is active, displaying three main areas: 'Primary Needs', 'Primary Strengths', and 'Problem Areas'. The 'Primary Needs' section has a table with columns for 'Rank' and 'Area of Need', with three rows for Emotional Stability, Substance Abuse, and an empty row. The 'Primary Strengths' section has a similar table with three rows for Caretaker ability, Household resources, and Environment. The 'Problem Areas' section includes a checkbox for 'Child(ren) Problem Areas' and a list of checkboxes for various issues like Substance Abuse, Emotional Stability, School Behavior, Health/Handicap, and Support System. To the right, the 'Needs Level' section shows the 'Strengths and Needs Score: 13' and 'Needs Level: Medium'. Below this is the 'Discretionary Override' section, which includes a checkbox for 'Override Needs Level', a 'New Needs Level' dropdown, and a 'Reason for override' text area. At the bottom, there are 'Save' and 'Close' buttons.

48. Return to the Questions tab. To open the Family Strengths and Needs template, select Family Strengths and Needs from the Options drop-down and click Go.

The screenshot shows the 'Family Strengths and Needs Assessment -- Webpage Dialog' window. The title bar includes the eWiSACWIS logo and navigation icons for TM, Print, Spell Check, and Help. The 'General' tab is active, displaying 'Name: Sally Jones', 'Worker: Caitlin M. Cake', and 'Date: 02/06/2012'. Below this, the 'Questions' and 'Results' tabs are visible, with 'Questions' selected. The 'Basic' section shows 'Score: 13' and 'Level: Medium'. The 'Questions' list includes 11 items, each with a dropdown menu for selection. The 'Options' dropdown at the bottom is set to 'Text', and the 'Family Strengths and Needs' option is highlighted. 'Save' and 'Close' buttons are located at the bottom right.

Family Strengths and Needs Assessment -- Webpage Dialog

eWiSACWIS

TM Print Spell Check Help

General

Name: Sally Jones Worker: Caitlin M. Cake Date: 02/06/2012

Questions Results

Basic

Score: 13 Level: Medium

Questions

1. Substance Abuse: Abuse creates some problems in family OR caregiver in treatment
2. Emotional Stability: Moderate problems that interfere with functioning
3. Family Violence: Isolated incidents of past assaultive behavior
4. Intellectual Ability: No evidence of limitations in intellectual functioning
5. Health: No known health problems that affect functioning
6. Caregiver Victimization: No evidence of problem
 - ☐ Caregiver(s) neglected as child(ren)
 - ☐ Caregiver(s) has been a victim of sexual abuse
 - ☐ Caregiver(s) has been a victim of physical abuse
7. Parenting Skills: No known/minimal deficits in parenting skills
8. Environmental: Family has adequate housing, clothing, and nutrition
9. Support Systems: Resources limited or have some negative impact or caregiver reluctant to use
10. Financial: Family income sufficient to meet needs and is adequately managed
11. Education/Literacy: Basic education and functional literacy skills

Options: Text

Family Strengths and Needs

Save Close

49. Click Save and Close to return to the Assessment.

50. On the Results tab of the Assessment, the Family RA Future A/N, Safety Assessment, and Strengths and Needs group boxes all pre-fill with the information from those pieces of work that were completed.

Assessment - Windows Internet Explorer

eWiSACWIS TM Print Spell Check Help

Assessment Name: Jones, Sally Assessment ID: 9222036 Status: Open **Report** Response Time: Within 5 business days Date: 02/03/2012

Participants Basic Allegations Contacts **Results**

Assessment Results
Result: **Substantiated**

Disposition
Case Opened- Non-CPS Services

Family RA Future A/N
Abuse Score: 4
Neglect Score: -1
Risk Level: High

Safety Assessment
Safety Decision: Unsafe

Strengths and Needs
Needs Level: Medium

Initial Face-to-Face Contact Information
Initial Face-to-Face Must Occur By: 02/10/2012 12:25 PM [CPS Report 9238179](#) [Create Initial Face-to-Face Contact Note](#)
Initial Face-to-Face Documented: 02/06/2012 01:00 PM [Case Note ID 9223452](#)

Options: Go

Done Trusted sites | Protected Mode: Off 100%

51. If during the Initial Assessment a new CPS Report is screened in, you can link that CPS Report to this assessment. From the Participants tab, select Link Report to Assessment from the Options drop-down and click Go.

The screenshot shows the eWiSACWIS Assessment page in a Windows Internet Explorer browser. The page has a purple header with the eWiSACWIS logo and navigation links like TM, Print, Spell Check, and Help. Below the header, there are tabs for Assessment and Report. The Assessment tab is active, showing details for Name: Jones, Sally, Assessment ID: 9222036, Status: Open, Response Time: Within 5 business days, and Date: 02/03/2012. Below this, there are tabs for Participants, Basic, Allegations, Contacts, and Results. The Participants tab is selected, displaying a table of Assessment Participants. The table has columns for Name, Gender, DOB, Race, Roles, and Edit Roles. Four participants are listed: Sally Jones (Female, 04/11/1979, White, HM-PR-RN), Mary Jones (Female, 02/25/2002, White, AV-HM), Dirk Jones (Male, 08/09/1975, White, HM-PR), and Tommy Jones (Male, 06/02/2006, White, AV-HM). Each participant has a link to 'Roles'. Below the table, there is a 'Create/View ICWA Record' link and an 'Insert' button. At the bottom, there is an 'Options' dropdown menu with a 'Go' button, and a 'Save' button. The browser's status bar at the bottom shows 'Trusted sites | Protected Mode: Off' and a zoom level of 100%.

Name	Gender	DOB	Race	Roles	Edit Roles
Sally Jones	Female	04/11/1979	White	HM-PR-RN	Roles
Mary Jones	Female	02/25/2002	White	AV-HM	Roles
Dirk Jones	Male	08/09/1975	White	HM-PR	Roles
Tommy Jones	Male	06/02/2006	White	AV-HM	Roles

On the Assessment Report Link page, select the appropriate CPS Report(s) and then click Continue. This will automatically associate the CPS Report to this Assessment and return you to the Assessment page.

The screenshot shows the 'Assessment Report Link -- Webpage Dialog' box. It has a purple header with the eWiSACWIS logo and navigation links like Print, Spell Check, and Help. Below the header, there is a 'CPS Reports' section with a table. The table has columns for Report Name, Supervisor Screening Date, and Date and Time Report was Received. One report is listed: Sally Jones, with a Supervisor Screening Date of 02/12/2012 10:46:00 and a Date and Time Report was Received of 02/09/2012 14:45:00. The report is checked with a checkbox. At the bottom, there are 'Continue' and 'Close' buttons.

	Report Name	Supervisor Screening Date	Date and Time Report was Received
<input checked="" type="checkbox"/>	Sally Jones	02/12/2012 10:46:00	02/09/2012 14:45:00

Assessment - Windows Internet Explorer

eWiSACWIS TM Print Spell Check Help

Assessment
 Name: Jones, Sally Assessment ID: 9222036 Status: Open

Report
 Response Time: Within 5 business days Date: 02/03/2012

Participants	Basic	Allegations	Contacts	Results
Assessment Participants				
Name	Gender	DOB	Race	Roles
Sally Jones	Female	04/11/1979	White	HM-PR-RN
Mary Jones	Female	02/25/2002	White	AV-HM
Dirk Jones	Male	08/09/1975	White	HM-PR
Tommy Jones	Male	06/02/2006	White	AV-HM


[Create/View ICWA Record](#) [Insert](#)

Options: [Go](#) [Save](#) [Close](#)

Actions
 Approval
 Link Report to Assessment

Done

Trusted sites | Protected Mode: Off | 100%



eWiSACWIS -- Webpage Dialog

Please complete the questions on the Screening tab of the ICWA Record and launch the Screening for Child's Status as Indian document.

Close

39

Recording a Date of Death for a Child

A date of death for a child can be recorded on the following pages: Person Management, Allegation (Access Report), Allegation (Assessment), Serious Incident Notification, and Placement & Service Ending.

In Assessment, the field will dynamically display if a death is indicated on the page and is required when a determination other than pending is selected. If a Death Date is already entered on Person Management, the date pre-fills to the page. If a Death Date is changed on the Allegation page, Death Date on Person Management will be updated after the Assessment is approved. The Death Date field will always remain editable on Person Management but will freeze on the Assessment and will not be able to be changed after it has been approved.

Allegation (Assessment) -- Webpage Dialog

eWiSACWIS Print Spell Check Help

Allegation

Alleged Victim: Adopt Abby

Abuse/Neglect Code: Physical Abuse

Description: Blunt Force Trauma

Determination: Pending

Date or Approximate Date of Alleged Maltreatment: 10/01/2013

Alleged Victim received medical treatment as a result of this alleged maltreatment: ☐ Yes ☒ No

Alleged Maltreatment occurred while the child's residence was an OHC placement: ☐ Yes ☒ No ☐ Unknown

Serious Incident: ☒ Yes ☐ No

☒ Death / Alleged maltreatment [Details](#)

☐ Death / Alleged suicide OHC

☐ Serious injury [Details](#)

☐ Egregious incident [Details](#)

[DCF memo 2010-01](#) [Act 78](#)

Death Date: 00/00/0000

[Save](#) [Close](#)

Note: The Death Date on an approved Access Report or Assessment, or the most recently entered date of death in Person Management will prefill to the Serious Incident Notification. The Death Date field displays when the Death/Alleged Maltreatment or Death/ Alleged Suicide checkbox is selected on the page.

Creating the 90-Day Summary Report for Child Death, Serious Injury or Egregious Incident

Once DSP has identified that an incident qualifies as a serious incident, eWiSACWIS automatically generates a 90-Day Summary Report Serious Incident tickler on the Primary worker's desktop. The tickler due date is 60 days from the date DSP indicates 'Yes' under the Serious Incident Verification expando on the Serious Incident Notification page.

1. To launch the 90-Day Summary Report, open the associated Serious Incident Notification under the case (either from Access Reports or Assessment). On the Serious Incident Notification page, select 90-Day Summary Report from the Options drop-down and click Go. This opens the Notices History page.

Serious Incident Notification - Windows Internet Explorer

eWiSACWIS Print Spell Check Help

☒ Send Serious Incident Notification to DCF Date Sent: 06/07/2013 Sent By: Cake, Caitlin M.

Enter required text here...

[More...](#) [Less...](#) [Default](#)

Additional information (Optional).

Enter optional text here...

[More...](#) [Less...](#) [Default](#)

Child Welfare System History

Child, family, or alleged maltreater is known to child welfare. ☒ Yes ☐ No

Serious Incident Verification

Tracking Number: 123456 Verified By: Cake, Caitlin M. Verified Date: 06/07/2013

The DSP has reviewed this incident notification and finds that it does qualify as an incident of child death, serious injury, egregious incident or suspected suicide of a child in OHC placement under s. 48.981(7)(cr), Child Welfare Public Disclosure Act 78. Yes

Text here...

[More...](#) [Less...](#) [Default](#)

Options: Go Save Close

Done 90-Day Summary Report Local intranet | Protected Mode: Off 100%

2. On the Notices History page, click the 'Insert' button to create a new report. Click the [Edit](#) hyperlink to launch the template.

Notices History -- Webpage Dialog

eWiSACWIS TM Print Spell Check Help

Case: [Oconomowoc, Mother \(9222162\)](#)
Document: 90-Day Summary Report for Child Death, Serious Injury or Egregious Incident

History

Document Created By :	Date Created	Sent		
Cake, Caitlin M.	06/07/2013		Edit	Delete

[Edits/Views 90-Day Summary document](#)

[Insert](#)

[Save](#) [Close](#)

3. Enter the required information and click Close and Return to eWiSACWIS.

90-Day Summary Report for Child Death, Serious Injury or Egregious Incident

Reports submitted to the Division of Safety and Permanence (DSP) that do not include all of the required information will be returned to the agency for proper completion. Do not identify individuals by name when completing this report. Individuals may be referenced by relationship or position; e.g., mother, father, child, sibling, physician, detective, etc.

Case Tracking Number: 123456 Agency: Milwaukee

Child Information (at time of incident)
 Age: 7 Gender: ☐ Female ☒ Male
 Race or Ethnicity: White, Caucasian
 Special Needs:

Date of Incident: 02/28/2012

Description of the incident, including the suspected cause of death, injury or egregious abuse or neglect:
Describe here...

Findings by agency, including maltreatment determination and material circumstances leading to incident:

☐ Yes ☐ No Criminal investigation pending or completed?
☐ Yes ☐ No Criminal charges filed? If yes, against whom?

Child's residence at the time of incident: ☐ In-home ☐ Out-of-home care placement

Complete the appropriate following section (A. or B. based on the child's residence at the time of the incident).

A. Children residing at home at the time of the incident:

Description of the child's family (includes household members, noncustodial parent and other children that have visitation with the child and / or in the child's family home):

☐ Yes ☐ No Statement of Services: Were services under ch. 48 or ch. 938 being provided to the child, any member of the child's family or alleged maltreater at the time of the incident, including any referrals received by the agency or reports being investigated at time of incident?

If "Yes", briefly describe the type of services, date(s) of last contact between agency and recipient(s) of those services, and the person(s) receiving those services:

Summary of all involvement in services as adults under ch. 48 or ch. 938 by child's parents or alleged maltreater in the previous five years: (Does not include the current incident.)

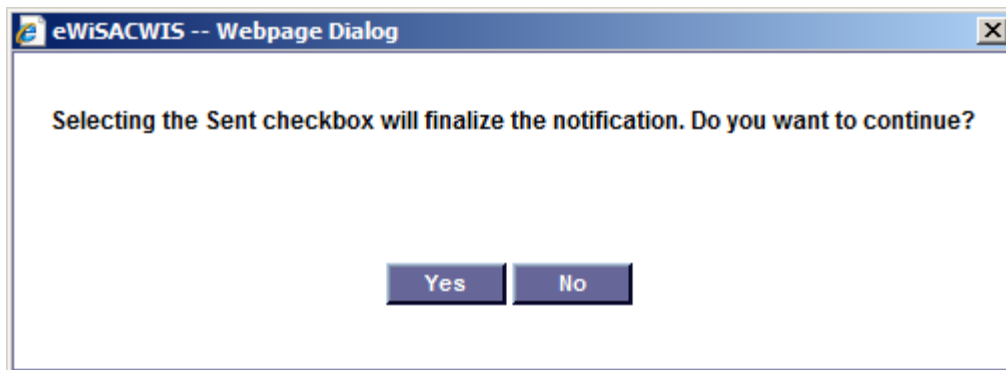
4. On the Notices History page, click Save. The Sent checkbox will now be selectable. If you are ready to send the report, click the Sent checkbox.

Case: [Oconomowoc, Mother \(9222162\)](#)

Document: 90-Day Summary Report for Child Death, Serious Injury or Egregious Incident

History				
Document Created By :	Date Created	Sent		
Cake, Caitlin M.	06/07/2013	<input type="checkbox"/>	Edit	

You will then receive the following message. Click Yes if you want to finalize and send the report.



5. The checkbox is now frozen. When the report is finalized, an e-mail is sent to DSP to notify them that a report has been submitted.

Notices History -- Webpage Dialog

eWiSACWIS TM Print Spell Check Help

Case: [Oconomowoc, Mother \(9222162\)](#)
Document: 90-Day Summary Report for Child Death, Serious Injury or Egregious Incident

History

Document Created By :	Date Created	Sent		
Cake, Caitlin M.	06/07/2013	<input checked="" type="checkbox"/>	View	

[Insert](#)

[Save](#) [Close](#)